FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 05, 2001 8:00 am Secretary of State DOCUMENT # p00000026885 1. Entity Name 06-05-2001 90031 027 ***150.00 1 2 3 DOLLAR STORE, INC. Principal Place of Business Malling Address 11312 QUAYL ROOST DR 11312 QUAYL ROOST DR MIAMI, FL 33157 MIAMI, FL 33157 D0057724 2. Principal Place of Business 3. Mailing Address 11312 QUAYL ROOST DR 11312 QUAYL ROOST DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number X Applied For MIAMI, MIAMI, FL FLNot Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 33157 33157 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORLANDO BENITEZ LAZARO BLANCO Street Address (P.O. Box Number is Not Acceptable)
14301 SW 176 Terrace 1866 NW 20Th ST MIAMI, FL 33142 City 33177 Miami nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subm SIGNATURE . e of registered agent and title if ago FILE NOWIIF FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of Sta (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DIRECTOR PRESIDENT XX Delete CR2E034 (11/00) 本 Change ☐ Addition TITLE TITLE ORLANDO BENITEZ NAME LAZARO BLANCO NAME 1866 NW 20Th ST STREET ADDRESS 14301 SW 176 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33142 MIAMI, FL 33142 TITLE TITLE Delete ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

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